



CALIFORNIA STATE ATHLETIC COMMISSION
 1424 HOWE AVE. STE. #33
 SACRAMENTO, CA 95825
 INTERNET: www.dca.ca.gov
 (916) 263-2195 FAX (916) 263-2197



REQUEST TO HOLD EVENT – 2007

<input type="checkbox"/> Boxing <input type="checkbox"/> MMA <input type="checkbox"/> Kickboxing	Date of Event:
Promoter:	Contact Name & Telephone Number:
Event Venue:	Start Time:
Weigh-In Venue:	Start Time:
Matchmaker:	Telephone Number:
TV Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Network:
Main Event:	Co-Main Event:
Participants: 1. 2.	Participants: 1. 2.
Championship Bout <input type="checkbox"/> Yes <input type="checkbox"/> No	Sanctioning Body:
Participants: 1. 2.	Representative & Telephone Number:

Full Disclosure

Other than the promoter of this event, is there any person or business entity that will receive revenue or other compensation from the sale of tickets, souvenirs, programs, broadcast rights, or any other concessions, with the promotion of the event? ☐ **Yes** ☐ **No** If **YES**, please complete the back of this form and include copies of contractual arrangements.

Event Date:_____ Event Venue: _____

The following person(s) or business entity will receive revenue or other compensation from the sale of tickets, souvenirs, programs, broadcast rights, or any other concessions, with the promotion of the event.

Name:

Address:

Telephone Number:

Anticipated Source of Revenue:

Name:

Address:

Telephone Number:

Anticipated Source of Revenue:

Name:

Address:

Telephone Number:

Anticipated Source of Revenue:
